

PRACTICAL PEARL: THYROID NODULE

INTRODUCTION	<ul style="list-style-type: none"> The incidence of thyroid cancer is increasing worldwide. In teenage girls, it is the 2nd most commonly diagnosed cancer Up to 25 % of thyroid nodules are malignant in pediatric patients The most significant risk factor for thyroid cancer is radiation exposure to the thyroid The overall prognosis for thyroid cancer is favorable with early identification and appropriate management https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4854274/
INITIAL EVALUATION AND MANAGEMENT	<ul style="list-style-type: none"> TSH level Neck ultrasound is indicated in all patients with a <u>palpable thyroid mass</u> or <u>thyroid asymmetry</u> NOTE: if thyroid gland is <i>symmetrically</i> enlarged, NO Ultrasound is needed: obtain TFTs and anti-thyroid peroxidase antibodies (likely Hashimoto's thyroiditis)
WHEN TO REFER	<ul style="list-style-type: none"> All thyroid nodule(s) > 1 cm Any thyroid nodule with concerning characteristics (calcifications, abnormal lymph nodes, increasing in size) Any thyroid nodule with a personal history of neck irradiation or + family history of thyroid cancer TSH > 10 uIU/mL or < 0.4 uIU/mL
HOW TO REFER	<ul style="list-style-type: none"> (413) 794-KIDS
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none"> Consultation with a Pediatric Endocrinologist FNA may be recommended